

City of Mountain View
3070 North Shoreline Boulevard
Mountain View, California 94043
650-903-6392 • FAX 650-903-6099

SHORELINE GENERAL USE PERMIT APPLICATION

DATE SUBMITTED: _____

NONPROFIT STATUS: _____

TAX IDENTIFICATION NO.: _____

APPLICANT: _____	E-MAIL ADDRESS: _____
ORGANIZATION: _____	TELEPHONE: HOME: _____
MAILING ADDRESS: _____	BUSINESS: _____

DATE OF USE: _____	START TIME (including setup): _____	END TIME (including setup): _____
NAME OF EVENT: _____		
DESCRIPTION OF ACTIVITY: _____		
ANTICIPATED ATTENDANCE (INCLUDE SPECTATORS AND WORKERS): _____		
ENTRY FEE FOR PARTICIPANTS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADMISSION CHARGED: <input type="checkbox"/> YES <input type="checkbox"/> NO		

AGREEMENT TO HOLD HARMLESS:

Permittee agrees to indemnify, defend and hold harmless the City of Mountain View, its officers, agents, employees and lessees from any and all liability (including attorney's fees) arising out of injury to persons or property occurring as a result of the activity sponsored by permittee. Permittee shall also be liable to City for any and all damage to grounds, facilities and buildings at Shoreline which are owned by the City or its lessees resulting from the activity of permittee or caused by any participant in said activity.

A certificate of insurance and policy endorsement naming the City of Mountain View, its officers, agents, volunteers, contractors and employees as additional insured in the amount of One Million Dollars (\$1,000,000) is required. The certificate and endorsement are due two (2) weeks prior to the event. Failure to submit the documents will result in permit revocation and event cancellation.

I have read and understand the attached rules, regulations and conditions governing the use of Shoreline and agree to abide by them.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF COAPPLICANT _____ DATE _____

APPLICATION STATUS (TO BE COMPLETED BY SHORELINE OFFICE)

APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	APPROVED W/ATTACHED CONDITIONS <input type="checkbox"/>	RULES & REGULATIONS INCLUDED <input type="checkbox"/>
COMMENTS: _____			
DATE: _____ BY: _____			

Upon approval, this form will serve as a revocable Use Permit and must be presented to an "on-duty" Shoreline Ranger on the date of scheduled activity.

FEE PAID: \$ _____ CHECK NO.: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) *
PRODUCER *	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED *	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: *	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	*	*	*	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER Host Liquor	*	*	*	Each Claim - \$1,000,000 Each Agree - \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Mountain View, its officers, officials, employees and volunteers are covered as additional insured.

CERTIFICATE HOLDER

CITY OF MOUNTAIN VIEW
RENGSTORFF HOUSE
3070 N. SHORELINE BLVD.
MOUNTAIN VIEW, CA 94043

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You):

Rengstorff House

2. The name of Person or Organization (Add'l Insured):

The City of Mountain View, Its Officers, Employees and Volunteers

3. Additional Premium: \$ Included

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

1. The insurance does not apply to:
 - a. Any "occurrence" which takes place after you cease to be a tenant in that premises.
 - b. Structural alternations, new construction or demolition operations performed by on or behalf of the person or organization shown in the Schedule.

INSURED: